



NURSE DELEGATION: CHANGE IN MEDICAL ORDERS

RESIDENT'S NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	CLIENT ID NUMBER
<p>1. Date the RN was notified: _____ By Whom: _____</p> <p>2. The RN must verify change in orders with the health care provider, unless faxed/written order was received:</p> <p style="margin-left: 20px;">Date RN verified verbal order from <input type="checkbox"/> Health care provider: _____ <input type="checkbox"/> Pharmacist: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Hospital Discharge Orders: _____</p> <p style="margin-left: 20px;">Name of individual providing verification: _____ Telephone: _____</p> <p>3. Delegation may continue with this change. The following order and instructions have been given to the nursing assistant and this form should be added to the client chart:</p> <p style="margin-left: 20px;">a. If a new task is added (include procedure, outcomes, potential risks).</p> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <p style="margin-left: 20px;">b. If a new medication is added:</p> <p style="margin-left: 40px;">Medication Name: _____ Dosage: _____</p> <p style="margin-left: 40px;">Primary side effects:</p> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <p style="margin-left: 40px;">Secondary side effects:</p> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <p style="margin-left: 40px;">Other Instructions:</p> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div> <div style="margin-left: 40px; border-bottom: 1px solid black; height: 15px; width: 80%;"></div>		
<p>4. RN site visit for either assessment or training required prior to implementing the new orders: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
RN'S SIGNATURE		DATE

DSHS 13-681 (REV. 12/2002) (AC 01/2003)

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078 Toll Free.

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